All patients must present a photo ID and insurance card if applicable and have a scheduled appointment and be pre-registered.

Please fax documents directly to the REX Mobile Mammography office at (919)784-4205.

To be eligible for screening, you must:
- Must have an active physician or medical home
- Must have no previous history of breast cancer
- Must not have any abnormal symptoms (i.e. pain, new lump or nipple discharge – please contact your physician for follow up if you have any of these symptoms.)
- Must be at least 35 years of age (confirm coverage with insurance carrier)
- Must not have had a mammogram in the last 12 months (confirm coverage with insurance carrier if less than 12 months)
- Must make us aware if you have breast implants so you can be scheduled appropriately
- May not be pregnant or breastfeeding.

Please be sure to include the full name, address and phone number of your physician on registration form. All patients must have a physician. Please also be sure to indicate where you had your last mammogram. If your previous mammogram was with REX, please indicate it on the form.

Prior to your appointment, call the mammography facility and have them send your last mammogram films and report to:

**REX Image Service Center**
2800 Blue Ridge Road, Suite 210
Raleigh, NC 27607

If you are uncertain about your previous mammography facility, please call your physician’s office and have them check your medical record report.

Attention to these guidelines will help us greatly in the registration process and will reduce the wait time on the day of your exam. Thank you for choosing REX Mobile Mammography to provide your annual mammogram.

If you have any questions, contact your site coordinator, or you may call REX Mobile Mammography at (919) 784-4210.
REX Mobile Mammography Registration

All patients must bring their photo id and insurance card, if applicable, to their appointment. MUST COMPLETE ALL QUESTIONS

Time: _____________________ Date of Appointment: _____________________

REGISTRATION INFORMATION: READ AND COMPLETE FORM IN FULL. FORM MUST BE LEGIBLE
Name (Last, First, Middle): ______________________________________________________________________
DOB: ___________________ Race: _____________________ Language: _______________________
Address: ____________________________________________________________________________________
City: ____________________ State: _____________________ Zip: ____________________________
Home Phone: ____________________________ Work Phone: _______________________________________

Last Four Digits of Social Security Number: _____________________ Marital Status: _________
Email address for our records: ____________________________________________________________________

If you have received a COVID Vaccine, it is recommended to wait 4-6 weeks after 2nd COVID Vaccine shot to have a screening mammogram. If it has not been, please notify your medical care provider to reschedule your mammogram to comply with recommendation.

Name of Physician: ____________________________________________________________________________
Name of Practice: ____________________________________________________________________________
Phone: ________________________________ Fax: ________________________________

If you have medical insurance, please attach a copy of the insurance card.*
If no insurance or Medicaid Family Planning only, please complete the Rex Mamm Assistance Application.

Have you been seen at REX or UNC (includes REX Mobile)? _____ yes _____ no
UNC/REX MEDICAL RECORDS NUMBER: __________________________________

BREAST HEALTH INFORMATION:
Reason for today’s mammogram: _____ Routine _____ Other

Have you had breast cancer? _____ yes _____ no
(If yes, must schedule a diagnostic mammogram with referral from provider.)

Date of your last menstrual period: ________________________________
Have you been breastfeeding within the last 12 weeks? _____ yes _____ no
Are you currently taking hormones? _____ yes _____ no
Are you on birth control pills? _____ yes _____ no
Do you have an IUD? _____ yes _____ no
Have you had any benign breast surgeries? _____ yes _____ no
If so, list: type: __________________________ side: __________________________
Do you have breast implants? _____ yes _____ no (if yes, schedule for two consecutive appointment times)

LAST MAMMOGRAM
Where: ________________________________
When: ________________________________

EMERGENCY CONTACT
Name (first and last) ________________________________
Relationship: ________________________________
Address: ________________________________
Telephone: ____________________ Home: ____________________

REVISED: 2/18/21